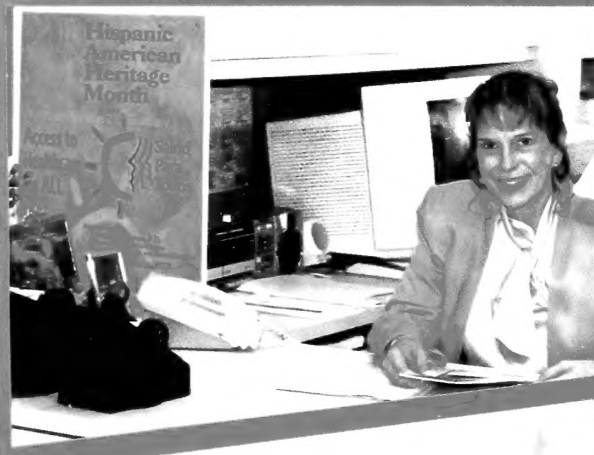


# *All About* **HRSA**



## A Guide for Hispanic Serving Institutions

Department of Health & Human Services

**HRSA**

Health Resources & Services Administration

MH06D6883



***El Paso County Community College Valley Verde Campus***

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# Greetings from the

## SECRETARY OF HEALTH AND HUMAN SERVICES

**T**he U.S. Census Bureau estimates that by the year 2009, 40 million Hispanics/Latinos will live on the U.S. mainland, making this population the largest minority group in the Nation. In order to meet the health care needs of this growing customer group, it will be necessary for the Department of Health and Human Services (DHHS) to re-engineer many of its programs.

Accordingly, in an effort to meet this challenge, we are instituting changes that are systemic and cultural, including strengthening our health services delivery system, and holding ourselves accountable for results.

Many of our efforts directed toward the Hispanic/Latino population will be guided by a recent report, *The Hispanic Agenda for Action: Improving Services to Hispanic Americans*. This report addresses a broad range of issues related to departmental policies and programs, and presents a nine-point action plan to ensure that the DHHS workforce, and the services provided through this workforce, will be responsive to the present and future health services needs of Hispanics/Latinos. The action plan also includes initiatives aimed at increasing the



level of educational attainment for Hispanics/Latinos, and at increasing the number who pursue careers in the health and biomedical sciences, fields where Hispanics/Latinos continue to be under-represented. Responsibility within DHHS, for addressing the increase of Hispanics/Latinos among the ranks of health professionals, resides with the Health Resources and Services Administration (HRSA).

In addition to developing responsive health services programs for Hispanics/Latinos, DHHS also is desirous of developing partnerships with Hispanic Serving Institutions (HSIs) to assist in implementing some of these efforts. Toward this end, each DHHS operating division, such as HRSA, is charged with developing HSI outreach initiatives. The publication of this brochure, *All About HRSA: A Guide for Hispanic Serving Institutions*, a project of HRSA's Office of Minority Health, is in keeping with this charge. The information contained herein, is intended to increase the awareness and knowledge of HSIs about the programs of HRSA. Through this increased awareness, I hope that, in turn, more HSI partnerships with HRSA will be pursued and ultimately created.

Donna E. Shalala  
*Secretary*  
*U.S. Department of Health and Human Services*

# Greetings from the

## *ADMINISTRATOR OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION*

**A**s the "Access Agency," the Health Resources and Services Administration (HRSA) is committed to improving access to quality health care for the underserved, vulnerable, and special needs populations of the Nation, which include a significant number of Hispanics/Latinos. Thus, in keeping with its overall mission, HRSA promotes the recruitment and training of a culturally competent and diverse workforce to help meet the health care needs of these underserved populations.

In an effort to fully address the initiatives established by the Department, HRSA has developed several strategies designed to increase the involvement of Hispanics/Latinos, and other minority groups, with the programs that are administered by the various HRSA bureaus. One of these initiatives involves increasing the ranks of Hispanics/Latinos within the health professions. Accordingly, HRSA has promoted the establishment of the Hispanic-Serving Health Professions Schools Association, and is a strong supporter of a fellowship program for Hispanic physicians, which is administered by the National Hispanic Medical Association.

Considering the mission of HRSA, to assure that the primary health care needs of all citizens within the United States are met, we often seek the assistance of organizations that have a stakehold in their respective communities. This includes institutions of higher education, such as those that have a focus on serving Hispanics/Latinos. Toward this end, we intend to be proactive in our outreach efforts to develop partnerships with Hispanic Serving Institutions (HSIs) that are meaningful and effective. This is based on our understanding that government-academic-community partnerships are important keys to community strength and growth.

This brochure, which is a part of our outreach efforts, has been designed to increase the awareness and knowledge of HSIs about the programs in HRSA. Hopefully, the brochure will allow for the identification of opportunities for HRSA-HSI partnerships, and also will serve as an impetus for HSIs to increase their pursuance of such partnerships. Thus, we at HRSA look forward to expanding our collaboration with HSIs.

Claude Earl Fox, M.D., M.P.H.

*Administrator*

*Health Resources and Services Administration*

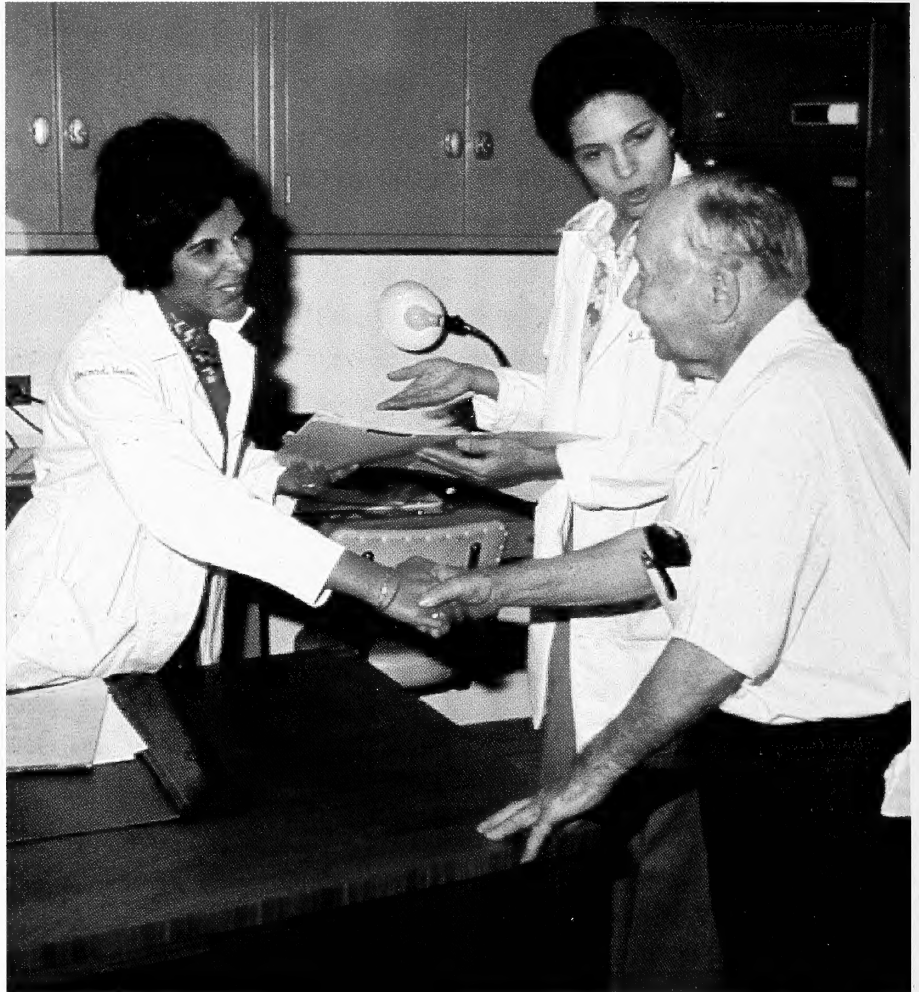




# Overview of the Agency

**T**he Health Resources and Services Administration, established in 1982, brought together several existing programs to provide national leadership in health care and public health. Today, the agency administers more than 80 separate programs, employs over 2,000 people, and has a budget which exceeds \$4.6 billion. In carrying out its mission of helping to provide health resources for medically underserved and special-needs populations, HRSA supports a nationwide network of over 600 community and migrant health centers, in addition to primary care programs for the homeless and residents of public housing.

The programmatic operations of HRSA are vast and far-reaching, serving over 8 million people each year. Some of the major programs administered by HRSA include: health professions training, oversight of the national organ transplantation system, provision of services to people with HIV/AIDS, and efforts to improve child health and reduce infant mortality. Additionally, HRSA supports the National Health Service Corps, a program designed to provide health professionals to communities where a shortage exists for such personnel. In general, it is the aim of HRSA to increase the quality, diversity, and capacity of the health care workforce, in an effort to meet the primary health care needs of vulnerable populations.



# The HRSA Mission

**T**he primary mission of the Health Resources and Services Administration is to improve the Nation's health by assuring equal access to comprehensive, culturally competent, and quality health care for all. Central to this mission are HRSA's efforts to develop and manage programs which meet the health care needs of citizens neglected by or deprived of private health services. The following eight key activities are focused on by HRSA, in carrying out its mission:



- Forming academic, community, and educational partnerships
- Bringing disadvantaged, uninsured, rural and chronically ill citizens into the mainstream of managed care
- Utilizing technological advances to enhance the competence and skills of health care providers in the U.S.
- Working with states to improve health care delivery to all who are disadvantaged, underserved or who have special needs
- Building community-based health infrastructures through a coalition of citizens and health care providers to test, evaluate and replicate models of cooperative care
- Enhancing services for populations living with HIV/AIDS
- Assuring access to care for women and children and working to decrease infant mortality
- Monitoring the health status of populations living along the U.S.-Mexican border

# The Organization of HRSA



The Health Resources and Services Administration is often referred to as the Access Agency, because of its proactive focus on providing a pathway to primary health care for the medically underserved populations of the Nation. To support this designation, and to fully meet the objectives of its mission, HRSA is organized into the following four major bureaus:

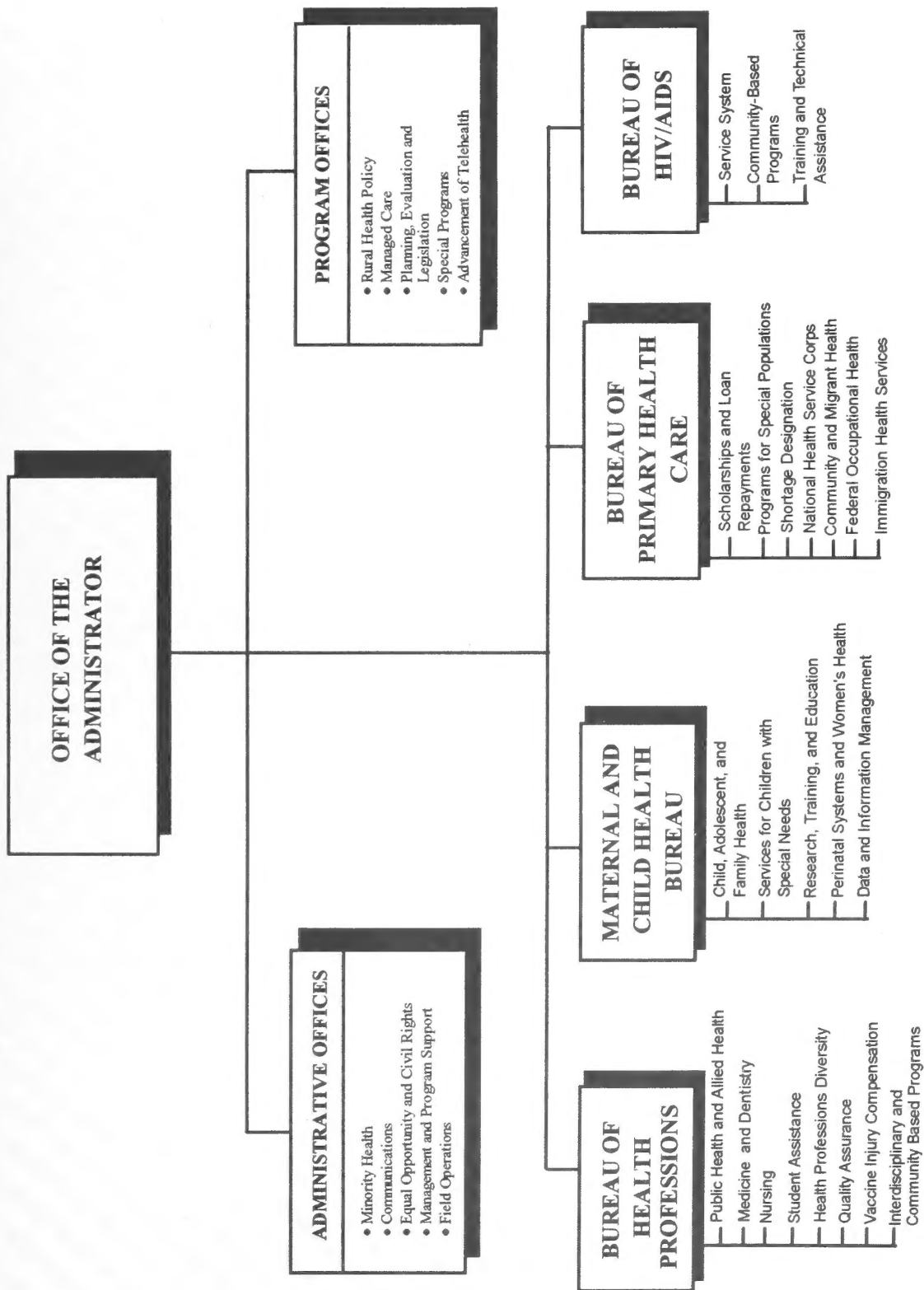
- The Bureau of Health Professions
- The Maternal and Child Health Bureau
- The Bureau of Primary Health Care
- The HIV/AIDS Bureau

While the majority of the programmatic activities within HRSA are carried out by the four bureaus identified above, such activities are also implemented by seven other organized units: the Office of Minority

Health (OMH); the Office of Rural Health Policy (ORHP); the Office of Special Programs (OSP); the Center for Managed Care (CMC); the Office for the Advancement of Telehealth (OAT); the Center for Public Health Practice; and the Office of Planning, Evaluation and Legislation (OPEL). It should be noted that the ORHP has responsibility for rural primary health care issues for all of DHHS; however, it has been organizationally placed in HRSA, and, in effect, operates as a bureau. Accordingly, through the ORHP, the views of all rural constituencies are expressed to the Federal sector. The *National Advisory Committee on Rural Health* is also provided administrative support by the ORHP. Given that all units within HRSA report either directly or indirectly to the **Office of the Administrator (OA)**, it is the responsibility of this office to lead and direct the various HRSA programs and activities, and advise the Office of the Secretary of Health and Human Services on related policy matters. The OA also has primary responsibility for coordinating HRSA's international health activities.



# STRUCTURE OF HRSA BUREAUS AND OFFICES



# About the HRSA Bureaus

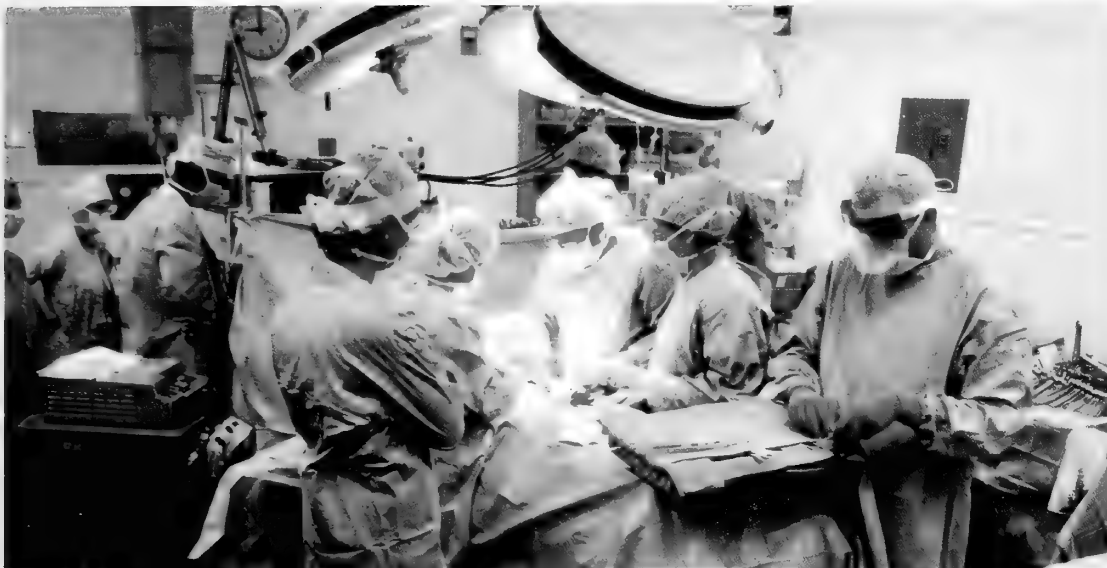
## *The Bureau of Health Professions*

**I**t is the primary responsibility of the Bureau of Health Professions (BHPr) to monitor and guide the development of health resources to carry out its mission, by providing leadership to improve the education, training, distribution, utilization, supply and quality of the Nation's health personnel. Operation of the various BHPr programs is carried out by the following divisions: (1) *Public Health and Allied Health*; (2) *Medicine and Dentistry*; (3) *Nursing*; (4) *Student Assistance*; (5) *Quality Assurance*; (6) *Vaccine Injury Compensation*; (7) *Health Professions Diversity*; and (8) *Interdisciplinary and Community-Based Programs*. Additionally, two offices have support responsibilities for BHPr activities: the offices of *Program Support* and *Research and Planning*.

Grants of particular interest to HSIs that are funded by the Bureau of Health Professions to increase diversity in the health care workforce include:

- The *Health Careers Opportunity Program* (HCOP), which provides funds to colleges and universities to develop programs for students from disadvantaged backgrounds, who have an interest in pursuing careers in the health and allied health professions. HCOP awards may be used for recruitment, preliminary education, facilitating entry, retention, and financial aid information dissemination.
- The *Centers of Excellence*, which assists health professions schools in supporting programs of excellence in health education for minority students who are pursuing careers in allopathic medicine, osteopathic medicine, dentistry, and pharmacy.
- The *Nursing Workforce Diversity* program, which provides funds to defray the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds. Special projects can include recruitment and retention of nursing students, pre-entry preparation, disseminating information regarding sources of financial aid and providing student scholarships and stipends.
- The *Basic Nursing Education and Practice Grant*, which provides funds for projects to strengthen the capacity of schools of nursing, academic health centers and other public and private nonprofit entities for basic nursing education and practice. Grant funds may be used by institutions for projects which focus on Agency priority areas, such as, improving access to primary health care in medically underserved communities; developing cultural competence skills among nurses; increasing enrollment in baccalaureate nursing programs; and providing education in informatics, including distance learning methodologies.





Additional grant programs funded by BHPr that HSIs may wish to pursue to increase diversity are:

- *Scholarships for Disadvantaged Students*, which provide funds to eligible schools of medicine, dentistry, optometry, pharmacy, podiatry, veterinary medicine, clinical psychology, public health, nursing, and allied health. Health professions and nursing schools with a significant proportion of underrepresented minority students are given special consideration.
- *Nurse Practitioners, Nurse Midwives, Nurse Anesthetists and Other Advanced Education Nursing Grants* which provide funds for the costs of (1) maintaining or expanding established programs of nursing education and practice or (2) traineeships for students in advanced nursing education programs.
- *Allied Health Project Grants*, which provide funds to establish new programs or expand existing programs. Applicants are encouraged to creatively apply the grant funds to projects that will increase the number of students trained in allied health professions.



## The Maternal and Child Health Bureau

The primary responsibility of the Maternal and Child Health Bureau (MCHB) is to promote and improve the health of mothers, infants, children and adolescents, including families with low-income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without adequate access to health care. The MCHB is organized into five major divisions: (1) *Child, Adolescent, and Family Health*; (2) *Services for Children with Special Needs*; (3) *Research, Training, and Education*; (4) *Perinatal Systems and Women's Health*; and (5) *Data and Information Management*. Programs funded and administered by these divisions include:

- *The Healthy Start Program*, which aims to reduce infant mortality and improve access to and use of perinatal and infant care services in communities with high infant mortality rates. Two *Healthy Start* programs of particular interest to Hispanic and border communities are *Healthy Start: Eliminating Disparities in Perinatal Health* and *Healthy Start: Infrastructure/Capacity Building Projects* to eliminate racial disparities in perinatal indicators. The MCHB solicits applications from public or nonprofit minority institutions of higher learning for a variety of other programs. This includes *Maternal and Child Health Training in Schools of Public Health Grants* to strengthen MCH programs, through long-term training, and to prepare health professionals for leadership roles in their respective areas.
- The *MCHB Nursing Program*, which supports graduate training in maternal and child health nursing that prepares nursing professionals for leadership roles in the care of women and children in community health programs of higher educa-



- The *Community Integrated Service Systems (CISS) Community Organization Grants Program*, which is designed to enhance the development of service systems at the community level to address the physical and mental health needs of pregnant women, infants and children. CISS programs must





be developed in collaboration with state MCH services programs. Institutions of higher education serving minority populations are especially encouraged to apply.

- *Maternal and Child Health Research Grants*, which are awarded to encourage applied research in maternal and child health, the findings of which might be readily utilized by health care delivery programs.
- *The MCHB Nutrition Program*, which provides leadership training to nutrition professionals preparing for leadership roles in public health nutrition that focuses on women and children and children with special needs.

Through its *Continuing Education and Development Program*, the MCHB also makes awards for short-term, non-degree related courses, workshops, and conferences, and for the development of curricula, guidelines, standards of practice, and educational tools designed to assure quality health care for the MCHB population.

## The Bureau of Primary Health Care

The largest bureau within HRSA is the Bureau of Primary Health Care (BPHC). It provides support for high quality community-based preventative and primary care to medically underserved populations, and to people with special needs. Major programs administered by this Bureau include:

- The *National Health Service Corps* (NHSC), a program designed to provide financial assistance to health professions students, in exchange for service, after graduation, in rural and urban health professional shortage areas.
- The *Community and Migrant Health Centers* (CMHC) Program, which makes grants to public and non-profit private organizations for the development and operation of community health centers in areas that have limited access to primary health care for a majority of the population. Specifically, for migrant and seasonal farm workers and their families, the centers provide access to comprehensive health care services, including environmental and occupational health. Where necessary, medical care services are provided by bilingual, bicultural health care workers. Typically, the National Health Service Corps provides a significant number of the health care professionals to the CMHCs.



- *The Health Care for the Homeless (HCH) Program* seeks to improve access to primary health care and substance abuse treatment by homeless persons. Awards are made to existing community-based programs for the provision of effective and case managed primary care services.
- *The Public Housing Primary Care (PHPC) Program*, which is designed to improve the health status of public housing residents and to increase their access to comprehensive primary care, either on site or at a nearby facility.

In addition to the above programs, the BPHC also operates the *Office of Minority and Women's Health (OMWH)*, which was established to improve the health of the special populations targeted and served by the Bureau. One of the strategies projected to address health issues for these populations, includes: the *Women's Primary Health Care and Job Training Linkage to Community Infrastructure Development*, a collaborative effort with the Department of Labor to provide Federal support for programs that improve the health and employment status of low income or unemployed women.



## The HIV/AIDS Bureau

The major responsibility of the HIV/AIDS Bureau (HAB) is to administer the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. This Act, which was signed into law in August 1990, is designed to improve the quality and availability of care for people with HIV/AIDS and their families. Accordingly, programs are conducted by the Bureau to benefit low-income and underinsured individuals and families affected by HIV/AIDS. These programs are administered under four titles and Part F of the CARE Act:

- *Title I* is an emergency relief grant program for eligible metropolitan areas.
- *Title II* provides HIV care grants to states.
- *Title III* supports early intervention services for HIV outpatients.
- *Title IV* provides coordinated HIV services and access to research for pediatric cases and their families.

- *Part F* supports the Special Projects of National Significance Program, the HIV/AIDS Dental Reimbursement Program, and AIDS Education and Training Centers.

Award eligibility exists for all HSIs with programs that provide services in underserved or rural communities, especially those areas where the HIV/AIDS epidemic is increasing. HSI professional schools of medicine and dentistry are eligible to apply for the programs in *Part F*. Opportunities for awards may also exist under *Part F* for all HSIs, through partnerships with their state planning councils. The *Special Projects of National Significance Program* makes competitive awards to non-profit organizations for demonstrations and evaluations of innovative models of HIV care. The *AIDS Education and Training Center Program* trains primary health care providers, such as physicians, dentists, and nurses, in the care and treatment of persons living with HIV. The *Dental Reimbursement Program* helps dental schools with the uncompensated costs of providing dental care to HIV/AIDS patients.

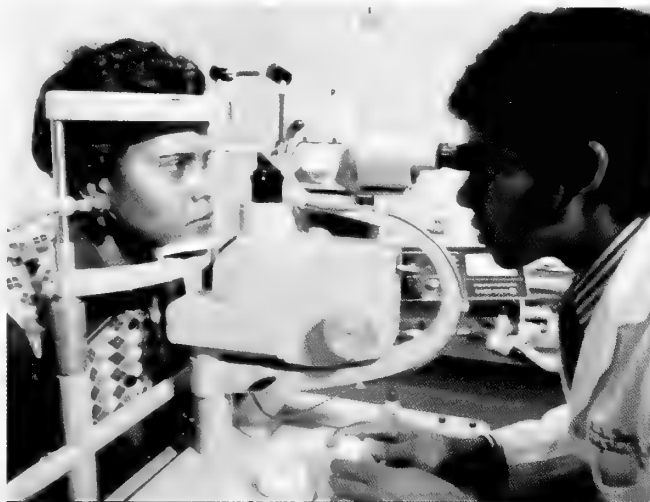




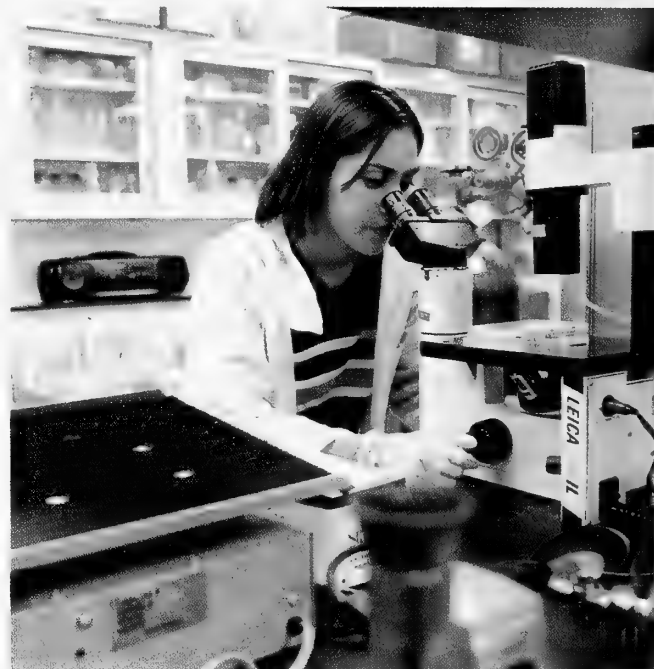
# About Other HRSA Program Offices

**A**lthough the majority of the program activities within HRSA take place through the four previously described bureaus, following is a description of several other HRSA units that also administer program activities:

- The **Office of Minority Health (OMH)** provides leadership and guidance throughout HRSA to enable the Agency to improve the health status of racial/ethnic minorities. It is the focal point within the Agency for addressing minority health issues affecting HRSA programs and mandates. The Director of the office serves as the principal advisor to the Administrator on these issues. The office also works closely with the Office of Minority Health at the Secretary's level to effectively implement minority initiatives emanating from the Department that fall within HRSA's mission. These initiatives include *The White House Initiative on Educational Excellence for Hispanic Americans* (Executive Order 12900), as well as college and university initiatives for African Americans and Native Americans. Recently, the Office of Minority Health was given oversight for the newest Executive Order on Asian Americans and Pacific Islanders (Executive Order 13125).
- **The Office of Rural Health Policy (ORHP)** seeks solutions to the Nation's rural health care problems, by administering a variety of grant programs. The ORHP also funds a toll free rural health information center, as well as provides advice to the Secretary of DHHS on all rural health policy issues.
- **The Office of Planning, Evaluation and Legislation (OPEL)** serves as the Administrator's primary staff and principal source of advice on program planning, program evaluation, and legislative affairs. Accordingly, OPEL has responsibility for reporting on the effectiveness of many of the programmatic activities within HRSA. Guidance and oversight are also provided by OPEL to HRSA projects that require clearances from the Office of Management and Budget.
- **The Office for the Advancement of Telehealth (OAT)** was recently established to serve as a leader in telehealth and to promote the use of advanced telecommunications and information technologies in the provision of health care services and education.
- **The Center for Managed Care (CMC)** is responsible for assuring that the populations targeted by HRSA are informed and active participants in the Nation's managed care systems. In conjunction with HRSA's bureaus and offices, the CMC offers a coordinated program of training, technical assistance, evaluation, policy leadership, and interagency collaboration, to managed care stakeholders. The CMC seeks to assure that an adequate supply of primary care personnel are appropriately trained to meet the managed care needs of underserved and vulnerable populations within the Nation.
- **The Center for Public Health Practice (CPHP)** provides policy leadership and coordination for HRSA programs, as they relate to the public health workforce and health officials at all levels of government. The Center works closely with State and local public health agencies and schools of public health throughout the Nation to fulfill its mission of strengthening public health practice in the United States.



- **The Office of Special Programs** provides leadership and direction to three program areas: (1) the *Division of Facilities Compliance and Recovery*, which monitors health care facilities with obligations resulting from the Hill-Burton grants or loans; (2) the *Division of Facilities and Loans*, which administers the portfolio of existing Hill-Burton direct and guaranteed loans, and assists the U.S. Department of Housing and Urban Development in the operation of its current hospital mortgage insurance programs; and (3) the *Division of Transplantation*, which is responsible for the management of the Organ Procurement and Transplantation Network, as well as national coordination of organ and tissue donation activities.



## About The HRSA Administrative Offices

The following offices within HRSA have the responsibility for coordinating administrative activities and addressing policy issues which relate to the mission of the agency:

- **The Office of Equal Opportunity (OEO) and Civil Rights** coordinates, directs, develops, and administers the Agency's equal opportunity and civil rights activities. This includes ensuring equality in employment opportunities; managing civil service complaints; providing guidance to training programs on equal opportunity; and promoting the award of contracts to minority business enterprises, under Section 8(a) of the Small and Disadvantaged Business Utilization Act.
- **The Office of Communications (OC)** provides leadership and general policy, as well as program direction for HRSA, through the conduct and coordination of communications and public affairs activities. In addition, through the Freedom of Information Act (FOIA), all requests for HRSA documents, including examples of successful proposals, are processed by this office.
- **The Office of Management and Program Support (OMPS)** has the responsibility for providing leadership, throughout HRSA, related to program direction and coordination of all phases of management. This includes activities in the areas of administrative management, financial management, human resources management, information resources management, grants and contracts management, and administrative services.
- **The Center for Quality** has a mission to strengthen and improve the quality of health care, especially as it relates to HRSA programs. Accordingly, the Center is charged with overseeing the quality component of the *HRSA Strategic Plan*, as well as supporting several initiatives designed to improve the quality of health care nationally.

# Types of HRSA Awards

There are three major processes used by the Health Resources and Services Administration in making awards to any organization that seeks funding from the Agency: (1) the *Grant*; (2) the *Cooperative Agreement*, and (3) the *Contract*. Following is a definition of each of these processes.

**Grants**, the primary source of awards made by HRSA, are defined as financial assistance provided by a Federal agency to an eligible recipient or "grantee," such as an HSI, to accomplish a public purpose or to provide services, considered to be in the best interest of the Nation. Grant funding is typically authorized by Federal statute and seeks to address programmatic and policy issues. Within a grant, HRSA defines the problem or contemplated project and respondents propose the scope of work necessary to solve the problem or complete the project. Thus, with a grant, the respondent outlines the steps necessary to complete the proposed project. Grants are awarded to those respondents that the Agency believes to have proposed the best way to complete the project.

**Cooperative Agreements** are very similar to grants in that they are defined as financial assistance provided by a Federal agency. The application and award process is the same as for a grant. However, in a cooperative agreement, there is "substantial involvement" of HRSA during the performance of the contemplated project. HRSA will collaborate with the non-Federal

organization in managing and completing the tasks associated with the project.

The **Contract** is a mutually binding legal relationship, which obligates a seller or contractor, such as an HSI, to furnish supplies or services, and the buyer, such as HRSA, to pay for them. The two primary types of contracts are *Simplified Acquisitions* and *Negotiated Contracts*. The requirements for both types of contracts are outlined by HRSA in a *Statement of Work*, or *Scope of Work*. Accordingly, the *Statement of Work* provides the contractor with a detailed set of tasks, or specifications, and a timetable for completion of those specifications. Typically, HRSA indicates the need it has for the provision of services and products, from a contractor, through what is generically called a *solicitation*. The most common types of solicitations are the *Request for Proposals (RFP)* and the *Request for Quote (RFQ)* or *Request for Bid (RFB)*. The *Statement of Work* is contained within these solicitations. Announcement of the availability of an RFP or RFQ usually appears in the *Commerce Business Daily*, a publication that also can be found on the World Wide Web, which lists for that day the goods and services that are expected to be bought over a specified period of time. The RFP is usually associated with *Negotiated Contracts*, and the RFQ is more often associated with *Simplified Acquisitions*. In responding to either type of *solicitation*, the *contractor*, such as an HSI, must submit a proposal. The RFP response, or



proposal, is comprised of two components: (1) the Technical Proposal and (2) the Business Proposal. In the Technical Proposal, the *Contractor* is expected to present an understanding of the *Statement of Work*, a proposed technical approach to implementing the *Statement of Work*, a management plan, and a presentation of the qualifications of those personnel who will perform the work. A Review Committee, comprised of HRSA program personnel, and sometimes outside consultants, evaluates each proposal submitted. It is the responsibility of this committee to evaluate only the Technical Proposal, for its merit, based on an established set of criteria. In consultation with the

Contracting Officer, the chairperson of the Review Committee selects the *contractor* who submits the most cost-effective proposal. The Simplified Acquisition process allows HRSA to make small purchases that are under \$100,000. This new dollar "threshold" replaces the previous process for awarding small purchase orders, and was enacted under the Federal Acquisition Streamlining Act of 1994. Thus, many program or contract officers may still refer to simplified acquisitions as the *small purchase order* process. It should be noted that only the Contracting Officer, and not the program staff of HRSA, or any government program staff, can commit a contract

award. All contract actions involving the Federal government, which includes the various types of HRSA *solicitations*, are governed by the Federal Acquisitions Regulations (FAR), which are presented in a series of volumes known as the Code of Federal Regulations (CFR).



## Select HRSA Awards to HSIs

Over the years, HRSA has provided support for a variety of programs that have enhanced the education and training of students and health care professionals, who are committed to serving low-income and disadvantaged citizens. In recent years, HRSA has formed partnerships with HSIs by developing and funding projects in support of new and established programs at these institutions, which relate to the mission of the Agency. Additionally, HRSA has awarded grants to academic researchers, which allow them to conduct meaningful scientific and medical research, thus contributing to the quality of health care received by the Nation's disadvantaged populations. The commitment of HRSA to HSIs is exemplified in the following awards:

- *University of Miami Family Medicine and Community Health Center and University of Puerto Rico, San Juan*, were two of nine awardees of a *Targeted Provider Education Demonstration Grant*. The grant will support HIV/AIDS education and training for health professionals, and support service providers working in minority communities highly impacted by HIV/AIDS.
- *University of Texas School of Medicine, San Antonio*, was awarded a *Partnership for Health Professions Education Grant* to collaborate with the community to establish a direct academic channel for Hispanic students seeking careers in the health professions. The partnership will bring



together health professions schools, undergraduate colleges, public schools, and community organizations.

- *Universidad Central Del Caribe* received a *Graduate Training in Family Medicine Grant* to train physicians for the practice of family medicine. The program assists the University in meeting the cost of planning, developing, and operating the predoctoral training program in family medicine.
- *City University of New York City College* was awarded a *Physicians Assistants Training Grant*, which allowed the institution to further develop and operate its educational program for physician assistants, and individuals who might teach in such training programs.
- *University of New Mexico School of Medicine* was the recipient of a grant for the support of *Interdisciplinary Training in Health Care for Rural Areas*. This grant allowed the University to develop and implement a program designed to encourage and prepare select students to enter into or remain in practices in rural America following their graduation.
- *Florida International University* and the *University of Houston School of Public Health* were each the recipient of a *Health Administration Traineeships and Special Projects Grant*, to develop and implement a program designed to train eligible students preparing for employment in health administration, hospital administration, or health policy analysis.
- *Inter American University* of Puerto Rico received a grant for the development, operation, and significant expansion of a *Nurse Anesthetist Education Program*. This grant supports a program designed to qualify registered nurses to become certified registered nurse anesthetists.



In addition to the select awards, described above, some HSIs have received grants to implement *Health Careers Opportunity Programs* and *Centers of Excellence Programs*.



# HRSA Resources and Contacts

One of the major resources for HSIs to learn about grant programs within HRSA is through the *Preview*. In addition to a comprehensive listing of HRSA competitive grants, the *Preview* provides detailed information on program objectives, funding priorities, applicant eligibility, specific requirements and application deadlines. It is published two to three times a year. In an effort to assist HSIs, and other minority institutions of higher education, in the development of their proposals, HRSA has established a *Technical Assistance Center*. This Center provides a physical facility where faculty from HSIs can receive the proposal development services free of charge. Additional information about the *Technical Assistance Center*, other HRSA programs and funding opportunities, is available on the Internet at <http://www.hrsa.dhhs.gov> and [www.icrds.org](http://www.icrds.org), and from the sources listed below:

## **HRSA Headquarters**

Parklawn Building  
5600 Fishers Lane  
Room 14-05  
Rockville, MD 20857

## **Office of Minority Health**

M. June Horner, Director  
Parklawn Building  
5600 Fishers Lane  
Room 10-49  
Rockville, MD 20857  
(301) 443-2964  
(301) 443-7853 (Fax)

## **The Preview**

(877) 477-2123

## **Freedom of Information Act Office**

(301) 443-3376

## **HRSA Information Center**

P.O. Box 2910  
Merrifield, VA 22116  
(888) 275-4772  
(703) 821-2098 (Fax)

**HRSA Technical Assistance Center**  
8701 Georgia Avenue  
Suite 603  
Silver Spring, MD 20910  
(301) 585-7588  
(301) 585-3889 (Fax)  
[hrsa@icrds.org](mailto:hrsa@icrds.org)





*Christmas at La Fe Family Health Center, El Paso, Texas*

